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Chair Vander Broek and Members of the 407 Technical Review Committee,

My name is Casey Glassburner. I am currently serving as the President of the Nebraska State Assembly of the Association of Surgical Technologists. I would like to thank you for this opportunity to testify in support of the Surgical Technologist Licensure Application submitted by the Nebraska State Assembly.

Nebraska's 800 surgical technologists are allied health professionals who are an integral part of the surgical team.

Surgical technologists work under the supervision of a licensed independent practitioner and a registered nurse to facilitate the safe and effective conduct of invasive surgical procedures. Surgical technologists ensure that the operating room environment is sterile and safe, that equipment functions properly, and that the operative procedure is conducted under conditions that maximize patient safety and minimize the risk of contracting a surgical site infection.

Unqualified surgical technologists can cause harm to patients by:

- poorly maintaining a sterile operating room, increasing the number of surgical site infections;
- poorly assembling sophisticated surgical equipment to be utilized during the surgical procedure;
- and by slowing down procedures, resulting in unnecessary risk caused by the patient being under anesthesia for an extended period of time or experiencing excessive blood loss.

Swift surgeries depend on effective and efficient surgical technologists.

The surgical technologist is the professional in the operating room charged with the responsibility of maintaining the integrity of the sterile field. The sterile field refers to surfaces that sterile objects, such as surgical instruments, may contact. The sterile field includes the area immediately around a patient that has been prepared for a procedure. Protecting the sterile field involves carrying out specific procedures using sterile technique. A 2013 article in the Journal of the American Medical Association estimated that the average surgical site infection costs \$20,785 and that surgical site infections amount to a price tag of \$3.3 billion annually.

Thus, ensuring that every surgical technologist is properly trained through standardized educational programs and has demonstrated a minimum level of competency through passage of the national surgical technologist certifying exam, could reduce surgical site infections which would not only reduce hospital readmissions and associated costs, but also reduce overall health care costs and save lives.

The establishment of a license for surgical technologists will also protect the public by creating a mechanism of discipline for practitioners who engage in unprofessional/unethical conduct. These practitioners will be required to adhere to the conditions of the Nebraska Mandatory Reporting Law which will require disclosure of unprofessional/unethical conduct that will become public record and may be accessed by potential future employers. Disciplinary actions may also be taken following the reporting of such events which may lead to the loss of the license and the inability of the individual to continue to perform the duties of the profession therefore protecting the public from future harm that may be inflicted by the individual.

In addition to the patient safety concerns that exist related to the lack of regulation of the profession of surgical technology, the current delegation by the surgeon to the surgical technologist which occurs daily in operating rooms across the state is contrary to the current state law that was outlined in the 1898 case Howard Paul vs. State of Nebraska which states that licensed physicians cannot delegate to unlicensed personnel which the surgical technologist is currently considered. Some have argued that the ruling from the Howard Paul case is outdated and does not apply to current practice.

However, if the Howard Paul case has been applied once as it was in relation to the practice of the surgical assistant, the ruling does have the potential to be applied again to any number of the tasks that are performed by the surgical technologist that are delegated by the surgeon. In fact through the application of Howard Paul resulting in ceasing and desisting the practice of the surgical assistant, tasks that the surgical technologist is trained to perform that they were currently performing prior to the cease and desist order that was issued by the DHHS have been restricted on an inconsistent basis from one facility to another. Some facilities have restricted them completely and others continue to allow them to be performed. Facilities now on a daily basis question the practice of the surgical technologist and the legality of each of the tasks that is performed. This inconsistency further supports the need to adequately establish that the delegation by the surgeon to the surgical technologist is allowed through the creation of a license for surgical technologists in the state.

Longitudinal data from the Bureau of Labor Statistics demonstrates that added education and competency requirements in other states have not increased wages. Surgical technologist wages in states with minimum education and certification laws in place have similar increases in wage trajectories as neighboring states without laws regulating surgical technologists. This data includes states in which laws have been in place for several years such as Idaho which enacted their law in 1988.

The surgical patient does not pick their surgical team ahead of time. They do not have the option to choose a certified surgical technologist over one who was on the job trained.

During the procedure, the patient is under anesthesia and unable to make decisions or act on his or her behalf. They are completely reliant on the competency of the surgical team to provide them with the best care possible. Patients assume everyone in the operating room is properly educated and competent, able to provide them with a certain quality of care. Every surgical patient in Nebraska deserves nothing less than a certified surgical technologist.

Again, thank you for your attention and for your time. At this time I am available for any questions you may have.

Casey Glassburner, CST, F.A.S.T.

President

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